

Name: [redacted] Station: [redacted]

I certify that during the above period the individual named was on duty on all regular work days, except for periods of annual and sick leave as noted below. (Indicate "None" if no leave was taken):

| Date | Hours Annual Leave | Hours Sick Leave | Initials |
|------|--------------------|------------------|----------|
| | NONE | | |
| | | | |
| | | | |
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During above period the individual named remained at his post on all work days, except for the following periods of temporary duty travel. During all absences from his post, the individual continued to maintain and pay for quarters at his post, except as otherwise indicated under Remarks below:

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|--|-------------|
| 1800-2400: 10, 11, 12, 13, 14, 24, 26, 27, 28 Dec 51 | 54 hrs. N/D |
| 0800-1200; 1300-1700; 1800-2400: 15, 16, 29, 30 Dec 51 | 56 hrs. O/T |
| 0800-1630: 25 Dec 51; 1 Jan 52 | 16 hrs. H/P |

The foregoing statements are complete and true to the best of my knowledge and belief and are made for the purpose of substantiating or causing payments to the individual of salary, allowances, leave, and post differential.

Signed: _____
Chief _____

~~SECRET~~
~~SECURITY INFORMATION~~